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AMENDMENT TRANSMITTAL LETTER			CLIENT-MATTER NO.: 67234-018	
SERIAL NO: 10/021,906	FILING DATE: December 12, 2001	EXAMINER: T.E. Strzelecka	GROUP ART UNIT: 1637	CONFIRMATION NO.: 3279
INVENTION: DETECTION OF NUCLEIC ACID AMPLIFICATION REACTIONS USING BEAD ARRAY				

To: Mail Stop AF
COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

CERTIFICATE OF MAILING BY "EXPRESS MAIL"
"EXPRESS MAIL" MAILING LABEL NUMBER: EV 401 711 422 US
DATE OF DEPOSIT: MARCH 19, 2004

I HEREBY CERTIFY THAT THIS PAPER OR FEE IS BEING DEPOSITED WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED ABOVE, AND IS ADDRESSED TO: COMMISSIONER FOR PATENTS, P.O. BOX 1450, ALEXANDRIA, VA 22313-1450

Leon Bantebis
(TYPED OR PRINTED NAME OF PERSON MAILING PAPER OR FEE)

(SIGNATURE OF PERSON MAILING PAPER OR FEE)

Transmitted herewith is a Response to the Final Office Action mailed December 19, 2003 in the above-identified application.

- ☒ Small Entity status of this application has been established under 37 CFR 1.27.
- ☐ Petition for Extension of Time is enclosed (in duplicate).
- ☐ Terminal Disclaimer with fee under 37 C.F.R. 1.20(d) is enclosed.
- ☒ No additional claims fee is required.
- ☐ An additional claims fee is required and has been calculated as shown below:

CLAIMS AS AMENDED

	NUMBER AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	NUMBER EXTRA	RATE			FEE	
				SMALL ENTITY	OTHER ENTITY		SMALL ENTITY	OTHER ENTITY
TOTAL CLAIMS	17	- 20	0	\$ 9.00	\$ 18.00	=	\$.00	\$ 0.00
INDEPEN- DENT CLAIMS	2	- 3	0	\$ 43.00	\$ 86.00	=	\$ 0.00	\$ 0.00
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM		YES	<input checked="" type="checkbox"/> NO	\$140	\$280	=	\$ 0.00	\$ 0.00
				TOTAL ADDITIONAL FEE			\$.00	\$ 0.00

- * If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 20, write "20" in this space.
- ** If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 3, write "3" in this space.
- *** If the difference between the "NUMBER AFTER AMENDMENT" and the "HIGHEST NUMBER PREVIOUSLY PAID FOR" is less than 0, write "0" in the space.

☐ Please charge my Deposit Account No. 502624 the amount of \$_____, \$ of which covers the fee for a _____-month extension of time. A duplicate copy of this sheet is enclosed.

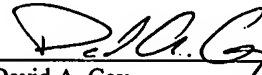
Inventor(s): Chee et al.
Serial No.: 10/021,906
Filed: December 12, 2001
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X The Commissioner is hereby authorized to charge payment of any fees associated with this communication or credit any overpayment to Deposit Account No. 502624. A duplicate copy of this sheet is enclosed.

X The Commissioner is hereby authorized to charge to Deposit Account No. 502624 any fees under 37 CFR 1.17 which may be required under 37 CFR 1.136(a)(3) for an extension of time in any concurrent or future reply requiring a petition for extension of time. A duplicate copy of this sheet is enclosed.

Respectfully submitted,

Date: March 19, 2004



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